

**Interim Designation of Agent to Receive Notification
of Claimed Infringement**

Full Legal Name of Service Provider: Oregon Health & Science University

Alternative Name(s) of Service Provider (including all names under which the service provider is doing business): _____

Address of Service Provider: 3181 S.W. Sam Jackson Park Road Portland, OR 97201

Name of Agent Designated to Receive Notification of Claimed Infringement: Robert A. Myles

Full Address of Designated Agent to which Notification Should be Sent (a P.O. Box or similar designation is not acceptable except where it is the only address that can be used in the geographic location):

2525 S.W. 1st Ave AD 140
Portland, OR 97201

RECEIVED

Telephone Number of Designated Agent: 503-494-8500

SEP 23 2002

Facsimile Number of Designated Agent: 503-494-8850

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Email Address of Designated Agent: mylesr@ohsu.edu

Signature of Officer or Representative of the Designating Service Provider:

Date: 7/11/2002

Typed or Printed Name and Title: Robert Myles, CISSP, Information Security Officer
Corporate Compliance, OHSU

**Note: This Interim Designation Must be Accompanied by a \$30 Filing Fee
Made Payable to the Register of Copyrights.**

Copyright GC/IR
PO Box 70400
Southwest Station
Washington DC 20024

Okay to pay \$ 30.00
Account _____
Signed _____
Date 8/21/02

129060260



(hooked on GW:ITG Network info)